TEXAS DEPARTMENT OF LICENSING AND REGULATION

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COMPLAINT FORM

Mail To:

TEXAS DEPARTMENT OF LICENSING AND REGULATION ENFORCEMENT DIVISION P.O. BOX 12157 • AUSTIN, TEXAS 78711 (800) 803-9202 • (512) 539-5600 FAX 512-539-5698

	Date F	Received:				
(For Department Use Only)						
RECEIVED TOLK MAIL ROOM 55						
	FEB 1 4 2018					
	TOTAL	TYPE				

Notice

Under the Texas Public Information Act, the complainant's identity is not confidential. In the event your complaint is opened for investigation, enforcement procedures require a copy of the complaint and all associated documentation be forwarded to the Respondent including your name and contact information.

name and contact informat	ion.	ed to the Respon	ident including your
•	ng party: (If you wish to file your o , you must leave this section blank ceive case status updates.)		
Name: Cale Johnson			
Address: 6300 Mammoth S	prings Dr.		
City: Waco	State: TX	Zip: 76708	3
Work Phone:	Home Phone: 320-295-9810	O Fax:	
E-Mail:			
Contact from the D	epartment will be via e-mail if yo	ou provide an e-	mail address
B. Would you be willing t	to testify if this case goes to a h	earing? Yes	No 🗌
C. The person, firm, build	ing or facility you are complaini	ing about (Resp	ondent):
Name: Jennifer Bennett			
Company or Facility Name	:: Avanlee Homebirth Services		
Physical Address: 720 N 7th	h St		
City: Temple	State: TX	Zip: 7650	1
Mailing Address (if different	than above):		
City:	State:	Zip:	
Telephone numbers:	Office - 254-247-6978	Fax-	-
E-mail:		1 1 4 2010	
License or Registration Nu	ımber: 02003		

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D. Explanation: Describe your complaint in detail. Include dates, names, locations, type of service provide by respondent and events leading to you filing this complaint. If the space provided below is not adequate, you may attach additional pages. Please include with your complaint, any documentation regarding your complaint.	∍d
If you are filing your complaint anonymously it is important that you include any associated documentation (making sure you have removed your name from all documentation). If the information provided with your complaint does not contain enough information for the Department to believe a violation may have occurred your complaint may not be opened for investigation.	l,
Jennifer Bennett abandoned my wife at home while in active	
labor, dilated to a 6, because she did not feel the labor was	
progressing fast enough. My wife delivered the baby at home	
later that night without any medical support because Jennifer	
never answered our numerous phone calls, voicemails, and tex	t_
messages. We ended up calling an ambulance and going to the	
hospital - where we did not want to be. Jennifer never	_
apologized for leaving my wife. We had to file a lawsuit against	
Jennifer because she refused to refund the monies we prepaid	
her for her services.	
It is our request and recommendation that Jennifer's midwife	
license be revoked.	
See attached details regarding the timeline, and call and text	
logs. Further details available upon request.	
SIGNATURE BLOCK	
Signature of the complaining party Date	
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